

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARMONY OF RACINE (0008670)

Address: 8600 CORPORATE DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0094841 **End Date:** 05/10/2005 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008812 Served 05/23/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		

Survey ID: 0093612 **End Date:** 11/03/2004 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009041 Served 11/17/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	05/04/2005	Yes
83.21(4)(o)	MEDICATIONS	05/04/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	05/04/2005	Yes
83.33(2)(a)	SUPERVISION	05/04/2005	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	05/04/2005	Yes

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Provider Inspection Summary

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CLASS CNA (NONAMBULATORY)

Survey ID: 0091882 End Date: 01/13/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008657 Served 01/30/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(2)(c)1	HANDRAILS	09/13/2004	Yes
83.45(2)(e)	PLATFORMS	09/13/2004	Yes

Survey ID: 0090901 End Date: 08/04/2003 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008583 Served 09/05/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	09/13/2004	Yes
83.11(3)(f)	RESIDENT BELIEVED TO BE INCOMPETENT	09/13/2004	Yes
83.12(5)(a)	SUPERVISION AND MONITORING	09/13/2004	Yes
83.17(3)(a)2	ACCURATE ACCOUNTING OF RESIDENT FUNDS	09/13/2004	Yes
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT	09/13/2004	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	09/13/2004	Yes
83.33(2)(a)	SUPERVISION	09/13/2004	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 05/19/2005 **SOD #10008812** **Appealed: No**

Sanctions

FORFEITURE---83.19(1)(d)
FORFEITURE---83.21(4)(p)

Date: 11/16/2004 **SOD #10009041** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(o)
FORFEITURE---83.33(2)(a)

Date: 01/29/2004 **SOD #10008657** **Appealed: Yes** **Decision: WITHDRAWN APPEAL (NO STIPULATIO**

Sanctions

FORFEITURE---83.45(2)(c)

Date: 09/03/2003 **SOD #10008583** **Appealed: No**

Sanctions

PROVIDE TRAINING
OTHER SANCTION
FORFEITURE---13.05(3)(a)
FORFEITURE---83.11(3)(f)
FORFEITURE---83.12(5)(a)
FORFEITURE---83.17(3)(a)2
FORFEITURE---83.17(3)(a)3
FORFEITURE---83.33(2)(a)

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Provider Inspection Summary

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Community Based Residential Facility
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Complaint History

Date Complaint Received: 11/02/2004

Date Investigation Completed: 05/10/2005

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
10008812

Date Complaint Received: 04/19/2004

Date Investigation Completed: 11/03/2004

Subject Area(s)
NUTRITION & FOOD SERVICES
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/13/2004

Date Investigation Completed: 11/03/2004

Subject Area(s)
SUPERVISION
ABUSE
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/12/2003

Date Investigation Completed: 12/17/2003

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS

Result
SUBSTANTIATED

SOD #
10008657

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